Screening/Prevention Programs

Screening Program Descriptions

- **Screening for Co-Existing Mental Health and Substance Use Disorders**
  
  All members 14 years of age or older identified for moderate- or high-tier case management services will be screened for co-existing mental health and substance abuse disorders. Members requiring low-tier case management services do not require service authorization or Magellan clinical review, therefore we do not include them in the screening program. Magellan uses the proprietary norm-based Consumer Health Inventory (CHI) Assessment tools across all populations to assess therapeutic success. The CHI is a consumer-centric behavioral health assessment tool developed in collaboration with QualityMetric, Inc., a recognized authority in health status measurement. The CHI is appropriate for adolescents and adults, including older adults, and for individuals with chronic mental illnesses. It assesses substance use patterns, emotional health and physical health. Quality Metric developed the substance use screening questions as part of the CHI development. The alcohol questions come from the Medical Outcomes Study (MOS).

- **Screening of Patients with Significant Medical Issues for Behavioral Health Disorders**
  
  All members referred by partner health plans will be screened for behavioral health disorders and treatment needs. All health plan partners have targeted disease management programs and refer for additional behavioral health clinical review as part of the initial condition-specific health risk assessment. Demographic data indicate that a depressive disorder is the top inpatient and outpatient diagnosis in adults for all product lines. Health plan partners’ pharmacy reports show that antidepressant medications are prescribed more frequently in the primary care setting than in the behavioral health setting, thus depression is common in both MBHO and MCO members.

- **Autism Spectrum Disorder (ASD) Comorbid Depression Screening Program for Adolescents**
  
  This program screens adolescent members diagnosed with an autism spectrum disorder (ASD) for co-occurring depressive disorders. The members participate in applied behavior analysis (ABA). Using standardized depression screening tools, the ABA provider administers PHQ-A or PHQ-9. In collaboration with the provider, the goal of the program is early identification, referral, education and treatment of a depressive disorder in those adolescent members identified with co-occurring ASD. Ultimately, we designed this program to decrease the severity, length, and associated morbidity of the depressive disorder, as well as its interference with ABA treatment. The program also includes education for members and healthcare providers as to the signs and symptoms of depression secondary to ASD. The intent is to improve coordination between behavioral health, primary care, ABA and other treatment teams, and invoke behavioral strategy changes for members and healthcare practitioners.
• **Depression and Substance Abuse Screening Program for Members with a Comorbid Medical Condition**
  This program focuses on early identification, referral and treatment of a depressive disorder, with additional screening and treatment for substance abuse disorders, in addition to education about depression, substance abuse and medical illness in those patients identified with a co-occurring chronic medical condition. It is designed to decrease the severity, length of illness, and associated morbidity by increasing the rate of depression and substance use screening. A second goal is to educate members and healthcare providers as to the signs and symptoms of depression or substance abuse secondary to a chronic medical condition.

• **Post Partum Depression Education, Screening and Treatment Referral Program**
  The first goal for this program is to identify and make an appropriate referral for treatment of depressive disorders in new mothers. This is designed to decrease the severity, length of illness and associated morbidity by increasing the rate of depression screening in the early postpartum period. Magellan also uses this program to educate members and healthcare providers about the signs and symptoms of postpartum depression. Through this program we intend to lessen the effects of maternal postpartum depression on infants and families.

• **The Patient Health Questionnaire Two-item Scale (PHQ-2) Screening Program, or the Global Appraisal of Individual Needs-short Screener (GAIN-SS) Screening Program**
  Either of these tools may be selected to conduct a screening program that targets adults and adolescents who would benefit from preventative care, especially those that have a high prevalence of complex and comorbid illnesses, such as Medicaid recipients. The screening helps identify those who would benefit from further assessment or referral for psychiatric disorders or substance use disorders – members with crime and violence problems, those suspected of having a depressive disorder and/or individuals with a mental illness who could also potentially have a substance use disorder.

• **Screening for Co-existing Mental Health and Substance Use Issues**
  This program targets all members managed by Magellan who have been admitted to an acute inpatient level of care for a behavioral health issue, specifically major depression or other depressive/mood disorders. The screening program is a collaborative effort between Magellan and the treating facility, as the facility completes the screening with the member for substance use related issues. If a co-existing substance use disorder is identified through the screening, we refer the member to the Magellan Complex Case Management (CCM) program for additional assessment for available services and support.

• **Screening for Early Identification and Intervention for Depression, Anxiety and Other Mental Health Concerns**
  This early identification screening program targets members between 5 and 15 years old who have utilized employee assistance program (EAP) services. The goal is to conduct a behavioral health screening to identify younger members who may need support and services beyond the EAP. Support and resources can be provided to the families of those members as well. By early screening for depression, anxiety or other behavioral health concerns...
concerns we hope to reduce the severity and length of issues that members might experience.

- **Screening Programs/Preventive Health Programs**

  **Medication-Assisted Treatment**
  Magellan has identified and is focused on decreasing the incidence of relapse in substance abuse. The focus of intervention is increasing the appropriate use of abstinence-promoting medications as part of the discharge treatment plan for patients completing inpatient treatment for a primary alcohol and/or other drugs (AOD) diagnosis. Medication-assisted treatment (MAT) is a potentially beneficial initiative to assist in ongoing efforts to improve outpatient care services and to reduce incidences of relapse occurrences requiring readmission for further inpatient treatment.

  **EnhanceMed**
  The EnhanceMed program offers providers the support and guidance needed when prescribing behavioral health medications – to be able to provide expert quality of care while reducing costs. Through the evaluation of pharmacy claims, we identify prescribing patterns that are out of compliance with national evidence-based practices. We then outreach providers and give them the opportunity for consultations with a pharmacist or psychiatrist.

  **Follow-Up After Behavioral Health Hospitalization**
  The Follow-Up After Hospitalization (FAH) program educates and supports the member and their family in continued treatment engagement following hospitalization, in order to maximize progress toward improvement. We designed interventions to support a collaborative, multidisciplinary approach to the targeted members and focus on engaging the member and their family in the discharge planning process through educating them on the importance of aftercare follow up, soliciting the input of the member and family and the hospital treatment team in establishing an aftercare plan, and providing post-discharge support and individual or parental outreach as age-appropriate, particularly for members identified as being at risk for non-compliance.